

PROGRESS NOTES

PATIENT NAME	<u>Chris Benoit</u>		
	LAST	FIRST	MIDDLE

DATE OF BIRTH	
CHART	

MEDICATIONS ON BACK

DATE	SERVICE	NOTES
5/1/02	CHIEF COMPLAINT	Reg. & up Voice & new complaints
		V.S. B/P. 130/88 R.R. 18 H.R. 68 TEMP.
		R.O.S.
		H.P.I.
		P.M. HX.
		FAMILY/PSYCHOSOCIAL HX.
		H/N
		CHEST
		C.V.S.
		ABD.
		EXT/BACK
		NEURO.
		SKIN
		ASSESSMENT/PROBLEM LIST/PLAN
OFFICE TIME		

PROGRESS NOTES

PATIENT NAME Chris Benoit

DATE OF BIRTH _____

CHART _____

[illegible]

PROGRESS NOTES

PATIENT NAME <u>Christopher Benoit</u>		
LAST	FIRST	MIDDLE

DATE OF BIRTH _____
CHART _____

MEDICATIONS ON BACK

DATE	SERVICE	NOTES
01/04/02	CHIEF COMPLAINT	Reg ✓ w/ ↑ muscle tightness due to ↑ workload. RF Soma
		V.S. B/P. 124/80 (Standing) R.R. 16 HR 64 TEMP.
		R.O.S.
		H.P.I.
		P.M. HX.
		FAMILY/PSYCHOSOCIAL HX.
		H/N
		CHEST
		C.V.S.
		ABD.
		EXT/BACK
		NEURO.
		SKIN
		ASSESSMENT/PROBLEM LIST/PLAN
OFFICE TIME		

PROGRESS NOTES

PATIENT NAME <u>Chris Benoit</u>		
LAST	FIRST	MIDDLE

DATE OF BIRTH _____
CHART _____

MEDICATIONS ON BACK

DATE	SERVICE	NOTES
10/9/01	CHIEF COMPLAINT	✓ up 1 voice & complaints. Had surgery 06/29/01. rmg
		V.S. B/P. 122/90 R.R. 16 H.R. 64 TEMP.
		R.O.S.
		H.P.I.
		P.M. HX.
		FAMILY/PSYCHOSOCIAL HX.
		E/N
		CHEST
		C.V.S.
		ABD.
		EXT/BACK
		NEURO.
		SKIN
		ASSESSMENT/PROBLEM LIST/PLAN
OFFICE TIME		

PROGRESS NOTES

PATIENT NAME <u>Chris Benoit</u>		
LAST	FIRST	MIDDLE

DATE OF BIRTH _____
CHART _____

MEDICATIONS OR BACK

DATE	SERVICE	NOTES
6/14/01	CHIEF COMPLAINT	regular v up voice & complaints
		V.S. B/P. H.R. H.P. TEMP.
		R.O.S.
		H.P.I.
		Chronic pain.
		P.M. HX.
		FAMILY/PSYCHOSOCIAL HX.
		H/N
		CHEST
		C.V.S.
		ABD.
		EXT/BACK
		NEURO.
		SKIN
		ASSESSMENT/PROBLEM LIST/PLAN
OFFICE TIME		

PROGRESS NOTES

PATIENT NAME Chris Benoit

DATE OF BIRTH _____

CHART _____

[illegible]

PROGRESS NOTES

PATIENT NAME <u>Chris Benoit</u>		
LAST	FIRST	MIDDLE

DATE OF BIRTH _____
CHART _____

MEDICATIONS ON BACK

DATE	SERVICE	NOTES
1/17/01	CHIEF COMPLAINT	regular ✓ up
		V.S. B/P. 112/80 R.R. H.R. 48 TEMP
		R.O.S.
		H.P.I.
		P.M. HX.
		FAMILY/PSYCHOSOCIAL HX.
		H/N
		CHEST
		C.V.S.
		ABD.
		EXT/BACK
		NEURO.
		SKIN
		ASSESSMENT/PROBLEM LIST/PLAN
OFFICE TIME		

PROGRESS NOTES

PATIENT NAME Chris Benoit

LAST FIRST MIDDLE

DATE OF BIRTH _____

CHART _____

MEDICATIONS ON BACK

DATE	SERVICE	NOTES
9-7-2000	CHIEF COMPLAINT	shoulder and elbow pain 9/10 joints hurting feels weakened. KMA
	V.S.	B/P. 110/70 R.R. H.R. 60 TEMP.
	R.O.S.	
	H.P.I.	
	P.M. HX.	5'10" 160 lbs As before 2° to Westing. multiple injuries ex part.
	FAMILY/PSYCHOSOCIAL HX.	
	H/N	
	CHEST	tender shoulder & neck.
	C.V.S.	
	ABD.	
	EXT/BACK	
	NEURO	
	SKIN	
	ASSESSMENT/PROBLEM LIST/PLAN	Correct 10 SOMA
OFFICE TIME		

PROGRESS NOTES

PATIENT NAME	Chris Benoit		
	LAST	FIRST	MIDDLE

DATE OF BIRTH	
CHART	

MEDICATIONS ON BACK

DATE	SERVICE	NOTES
6/7/00	CHIEF COMPLAINT	Reg ✓ lip and get established
		V.S. B/P. R.R. H.R. TEMP.
		R.O.S.
		H.P.I.
		P.M. HX.
		FAMILY/PSYCHOSOCIAL HX.
		H/N
		CHEST
		C.V.S.
		ABD.
		EXT/BACK
		NEURO.
		SKIN
		ASSESSMENT/PROBLEM LIST/PLAN
OFFICE TIME		

NAME Chris Bennett AGE 4/22/07
ADDRESS _____ DATE 4/22/07
Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

50mg
#120

i tabs 6-8 p.o. prn
muscle pain

Refill 3 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write 'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

7DIM1144807

NAME Chris Bennett AGE 4/22/07
ADDRESS _____ DATE 4/22/07
Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

Zoloft 50mg
#30

i tabs 2x p.o.

Refill 10 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write 'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

7DIM1144807

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117-3819

(770) 830-0669

DEA # BA5157790

NAME Chris Bennett AGE 4/22/07
ADDRESS _____ DATE 4/22/07
Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

Depo-Testosterone
200mg/cc

1 bottle - 10 cc

1 cc monthly I.M.

Refill 3 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write 'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

7DIM1144807

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117-3819

(770) 830-0669

DEA # BA5157790

NAME Chris Bennett AGE 4/22/07
ADDRESS _____ DATE 4/22/07
Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

Concert 10/650
#120

i tabs 6 p.o. prn

Refill 3 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write 'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

7DIM1144807



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 6-8-04

Time: _____

To: _____

Urgent ASAP Today Tomorrow

Patient Name: Chris Benoit Phone #: 20783726534

Caller: Chris Temp: _____ ()

Med./Allergy: _____ () Med. Intolerance: _____ ()

Pharmacy Name: Dukley Pharmacy #: 486 2026

Message:

RS Xanax

1R

Disposition: _____

If doctor talked with patient: _____

Received by: [Signature]
(Initials)

Handled by: [Signature]
(Pharmacist)

[Signature] 6/8/04 @ 10:24
(Date, Time & Initials)

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117-3819
DEA # BA 3167790

(770) 830-0669

NAME Chris Benoit AGE 2/22/07
ADDRESS _____ DATE 2/22/07
Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

Soma
#100
1 tab 6-8 p.m. prn
muscle pain

DRUG WARNING GIVEN

Refill 2 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write 'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

6LIM1144807

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117-3819
DEA # BA 3167790

(770) 830-0669

NAME Chris Benoit AGE 2/22/07
ADDRESS _____ DATE 2/22/07
Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

Depo-Testosterone
200mg/cc
1 bottle
1 cc 1 month IM.

DRUG WARNING GIVEN

Refill 0 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write 'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

6LIM1144807

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117-3819
DEA # BA 3167790

(770) 830-0669

NAME Chris Benoit AGE 2/22/07
ADDRESS _____ DATE 2/22/07
Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

Concet 10/650
#100
1 tab 6 p.m. prn

DRUG WARNING GIVEN

Refill 2 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write 'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

6LIM1144807



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 6-11-07

Time: _____

To: _____

Urgent ☐ ASAP ☒ Today _____ Tomorrow _____
Patient Name: Chris Benoit Phone #: (____) _____

Caller: Dean @ Eckerd's Temp: _____ (____)

Med./Allergy: _____ (____) Med. Intolerance: _____ (____)

Pharmacy Name: Eckerd's Pharmacy #: 486 9776

Message:

Rx Zolof 25 mg

3 R

must make apt. to be seen soon!

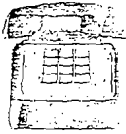
Disposition: _____

If doctor talked with patient: _____

Received by: [Signature]
(Initials)

Handled by: pharmacist
(Pharmacist)

6/11/07 11:40 amc
(Date, Time & Initials)



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 2-16-07

Time: _____

To: _____

_____Urgent_____ ASAP _____ ☒ Today _____ Tomorrow

Patient Name: Chris Benoit Phone #: (____) _____

Caller: _____ Temp: _____ (____)

Med./Allergy: _____ (____) Med. Intolerance: _____ (____)

Pharmacy Name: Publix Pharmacy #: 7) 486-2026

Message:

~~Lorcet~~ Lorcet 1/ri
Xanax

Soma ~~(scribble)~~ (small amt #300 #60)

#60
1/ri 6-80 pm

Disposition: _____

If doctor talked with patient: _____

Received by: _____ (Initials) _____ Handled by: Rita (Barry)
(Pharmacist)

2/16/07 130/pmc -
(Date, Time & Initials)



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 12-22-06

Time: _____

To: _____

_____Urgent_____ASAP_____☒Today_____Tomorrow

Patient Name: Chris Benoit Phone #: () 487-2745

Caller: Chris Temp: _____ ()

Med./Allergy: _____ () Med. Intolerance: _____ ()

Pharmacy Name: Publix Pharmacy #: 486-2026

Message:

RG Direct

Disposition: _____

1 R
needle
1700
12/22/06
[Signature]

If doctor talked with patient: _____

Received by: [Signature]
(Initials)

Handled by: Barry
(Pharmacist)

CC 12-22-06 @ 2:30
(Date, Time & Initials)

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117-3819

(770) 830-0669

DEA # BA 3167790

NAME

ADDRESS

Rx 11/13/06
LEGAL IF NOT SAFETY BLUE BACKGROUND

R

XANAX 1/1 mg

#150

1 tab q 6^h po prn

Refill 3 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write 'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

6GIM1144807

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117-3819

(770) 830-0669

DEA # BA 3167790

NAME

ADDRESS

Rx 11/13/06
LEGAL IF NOT SAFETY BLUE BACKGROUND

R

Amber CR

12.5 mg

#30 prn

1 tab q 6^h po prn

Refill 3 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write 'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

6GIM1144807

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117-3819

(770) 830-0669

DEA # BA 3167790

NAME

ADDRESS

Rx 11/13/06
LEGAL IF NOT SAFETY BLUE BACKGROUND

R

Zoloft 25 mg

#30

1 tab q day

Refill 6 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write 'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

6GIM1144807

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117-3819

(770) 830-0669

DEA # BA 3167790

NAME

ADDRESS

Rx 11/13/06
LEGAL IF NOT SAFETY BLUE BACKGROUND

R

Loncet 10 mg

#150

1 tab q 4-6^h po prn

Refill 3 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write 'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

6GIM1144807



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 10-13-06

Time: _____

To: _____

_____Urgent_____ASAP_____Today_____Tomorrow

Patient Name: Chris Benoit Phone #: () 487 2745

Caller: Chris Temp: _____ ()

Med./Allergy: _____ () Med. Intolerance: _____ ()

Pharmacy Name: Publix Pharmacy #: 486-2026

Message:

would like Ambien CR

Disposition: _____

12.5 mg
30
1 tab q H.S.
2 R

If doctor talked with patient: _____

Received by: KMA
(Initials)

Handled by: Barry @ Publix
(pharmacist)

10/13/06 2:19 Wmg
(Date, Time & Initials)



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 10-5-06

Time: _____

To: _____

Urgent ASAP Today Tomorrow

Patient Name: Chris Benoit Phone #: () _____

Caller: Chris Temp: _____ ()

Med./Allergy: _____ () Med. Intolerance: _____ ()

Pharmacy Name: Publix Pharmacy #: 486-2026

Message:

RJ Lercet

2R

Disposition: _____

If doctor talked with patient: _____

Received by: Kyma (Initials) Handled by: Barry (Pharmacist)

CC 10-5-06 @ 4:02
(Date, Time & Initials)

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
1702 DIXIE STREET
CARROLLTON, GA 30117-3819

(770) 830-0659

DEA # BA 3167790

NAME

AGE

ADDRESS

DATE

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

Gymbella 60mg
#30
1 tab q day

Refill 6 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write 'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

SLIM1144807

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
1702 DIXIE STREET
CARROLLTON, GA 30117-3819

(770) 830-0659

DEA # BA 3167790

NAME

AGE

ADDRESS

DATE

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

Concert 10mg
#150
1 tab q 4-6 Pm

Refill 3 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write 'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

SLIM1144807

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
1702 DIXIE STREET
CARROLLTON, GA 30117-3819

(770) 830-0659

DEA # BA 3167790

NAME

AGE

ADDRESS

DATE

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

XANAX 1/4 mg
#150
1 tab q 6 Pm

Refill 3 times

☐ Label

(Signature)

DEA # BA 316779

NAME Chen Perou AGE 5/3/06
ADDRESS _____ DATE _____
Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

XANIX 11 mg
#150
div tab, 60 800 pmw

Refill 1 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write 'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

5LIM1144807

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117-3819

(770) 830-0669

DEA # BA 316790

NAME James Perone AGE 5/3/06
ADDRESS _____ DATE 5/3/06

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

Testosterone 200mg/1ml
1 bottle
10ml.
As directed IM

Refill ~~4~~ times

☒ Label

(Signature)

To ensure brand name dispensing, prescriber must write 'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

5LIM1144807

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117-3819

(770) 830-0689

DEA# BA 867790

NAME Chris Benson AGE 34
ADDRESS 1000 1st St DATE 5/3/06

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

Conc 10
#150
1/2 tab, 4-6° po

Refill 5 times

Label

(Signature)

To ensure brand name dispensing, prescriber must write 'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

5LM1144807



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 4-28-06

Time: _____

To: _____

Urgent ASAP ☒ Today Tomorrow

Patient Name: Chris Benoit Phone #: (____) _____

Caller: Chris Temp: _____ (____)

Med./Allergy: _____ (____) Med. Intolerance: _____ (____)

Pharmacy Name: Publix Pharmacy #: 486-2026

Message:

Just enough until his appt
on 4/28/06

Disposition: _____

If doctor talked with patient: _____

Received by: KMA (Initials) Handled by: Bany @ Publix (Pharmacist)

04/28/06 1:20 vmg
(Date, Time & Initials)



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 4.13.06

Time: _____

To: _____

Urgent ASAP Today Tomorrow

Patient Name: Chris Benoit Phone #: () 486-1499

Caller: _____ Temp: _____ ()

Med./Allergy: _____ () Med. Intolerance: _____ ()

Pharmacy Name: Publix Pharmacy #: 486-2026

Message:

RD Benoit

1/2

Disposition: _____

If doctor talked with patient: _____

Received by: _____ (Initials) Handled by: Greg (Pharmacist)

CC 4-13-06 @ 6:10
(Date, Time & Initials)

REFILL REQUEST

AUTO-FAX ELECTRONICALLY TRANSMITTED: 03/14/2006 9:10 AM EST

CVS/pharmacy

Store: 2544
101 LEXINGTON CIRCLE
PEACHTREE CITY, GA 30269
Phone: (770) 486-1639
FAX: (770) 486-6174

Doctor: PHIL C ASTIN

702 DIXIE ST
CARROLLTON, GA 30117
Phone: (770) 830-0669
FAX: (770) 830-6655

For Patient:

BENOIT, CHRIS
304 PEMBERTON CT
PEACHTREE CITY, GA 30269
Phone: (770) 486-1499

DOB: 05/21/1967

For Prescription:

Rx#: 173640

Last Filled: 02/12/2006

HYDROCODONE/APAP 10/650 TABMCK

Qty. Prescribed: 150

SIG: TAKE 1 TABLET BY MOUTH EVERY 4 TO 6 HOURS AS NEEDED

Comments from pharmacy:

Authorization:☐ Not Authorized☒ Authorized this time plus 1 additional refills☐ Generic Equivalent Authorized

Prescriber Comments/changes:

Prescribers Name(Printed):

Astin III

Prescriber's DEA #:

BA3147750

Prescriber's Signature:

[Signature]

Date:

3/15/06

Massachusetts Only: Interchange is Mandated unless Practitioner writes the words "No Substitution"

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fixed 3/16/06
Kama



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 3/24/06

Time: _____

To: _____

_____Urgent_____ ASAP _____ Today _____ Tomorrow

Patient Name: Chris Benoit Phone #: (678) 372-6554

Caller: Chris Temp: _____ ()

Med./Allergy: _____ () Med. Intolerance: _____ ()

Pharmacy Name: Publix Pharmacy #: 7) 486-2026

Message:

RF - Lorcet

1/R

Disposition: _____

If doctor talked with patient: _____

Received by: APD
(Initials)

Handled by: Greer
(Pharmacist)

03/24/06 11:52 am Wmg
(Date, Time & Initials)



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 3-1-06

Time: _____

To: _____

Urgent _____ ASAP _____ Today _____ Tomorrow _____
Patient Name: Chris Benoit Phone #: () 608 372 6554
Caller: _____ Temp: _____ ()

Med./Allergy: _____ () Med. Intolerance: _____ ()

Pharmacy Name: Eckerd's Pharmacy #: 770 486 9776

Message:

Rx Ambien 10mg
#30
1 tab q HS. prn
3R

Disposition: _____

If doctor talked with patient: _____

Received by: _____
(Initials)

Handled by: _____

Qab
(Pharmacist)
Hmm 3/1/06 @ 10:48
(Date, Time & Initials)

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE ST
CARROLLTON, GA 30117-3819

(770) 830-0669

DEA # SA3167790

NAME

ADDRESS

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

AGE

DATE

9/16/05

Refill

3 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write
'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

5FIM1144807

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117-3819

(770) 830-0669

DEA # SA3167790

NAME

ADDRESS

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

AGE

DATE

9/15/05

Refill

3 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write
'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

5FIM1144807

50mg
#150

1/2 tablet, 6⁰⁰ PM

Concert 10mg
#150

1/2 tab, 4-6⁰⁰ PM

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117-3819

(770) 830-0669

DEA # SA3167790

NAME

ADDRESS

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

AGE

DATE

9/16/05

Refill

3 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write
'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

5FIM1144807

XANAX 1/2 mg

#150

1/2 tab, 6⁰⁰ PM



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 8-8-05

Time: _____

To: _____

_____Urgent_____ ASAP _____ ☒ Today _____ Tomorrow

Patient Name: Chris Benoit Phone #: (____) _____

Caller: _____ Temp: _____ (____)

Med./Allergy: _____ (____) Med Intolerance: _____ (____)

Pharmacy Name: CVS Pharmacy #: 386-756-0481

Message:

Lorazepam 10/1050 #150 + q 4° prn

Disposition: _____

If doctor talked with patient: _____

Received by: CC (Initials) _____ Handled by: Charlie (Pharmacist)

8/8/05 3:26pm
(Date, Time & Initials)



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 7-22-05

Time: _____

To: _____

_____Urgent_____ ASAP _____ Today _____ Tomorrow

Patient Name: Chris Benoit Phone #: (270) 486-7499

Caller: Chris Temp: _____ ()

Med./Allergy: _____ () Med. Intolerance: _____ ()

Pharmacy Name: Publix Pharmacy #: (770) 486-2026

Message:

RF - Lorcet 10/650 #150 $\dot{\bar{g}}$ 4⁰ PRN

1 R

Disposition: _____

If doctor talked with patient: _____

Received by: APD (Initials) Handled by: Barry (Pharmacist)

7/22/05 2⁴³ pmc
(Date, Time & Initials)



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 5/19/05

Time: _____

To: _____

_____ Urgent _____ ASAP _____ Today _____ Tomorrow

Patient Name: Chris Benoit Phone #: (____) _____

Caller: Pharmacy Temp: _____ (____)

Med./Allergy: _____ (____) Med. Intolerance: _____ (____)

Pharmacy Name: _____ Pharmacy #: _____

Message:

Per PCA III - OK w/ Loratab
#150 Tq 4h
(6 days early)

Disposition: _____

If doctor talked with patient: _____

Received by: APD
(Initials)

Handled by: Courtney
(Pharmacist)

5/19/05 APD 5:10pm
(Date, Time & Initials)

PHIL C. ASTIN, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117

(770) 830-0669

DEA # BA 3167790

NAME

ADDRESS

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

50ml

#150

i tabs, 6⁰⁰ P.M. per

Refill 3 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write
'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

4LIM1144807

PHIL C. ASTIN, II, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117

(770) 830-0669

DEA # BA 3167790

NAME

ADDRESS

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

Concert 10

#150

i tabs, 4⁰⁰ P.M. per

Refill 3 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write
'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

4LIM1144807

PHIL C. ASTIN, II, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117

(770) 830-0669

DEA # BA 3167790

NAME

ADDRESS

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

Z-pack
i pack
As directed

Refill X times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write
'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

4LIM1144807



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 3-11-05

Time: _____

To: _____

_____Urgent_____ASAP_____☒Today_____Tomorrow

Patient Name Chris Benoit Phone #: (____) _____

Caller: Chris Temp: _____ (____)

Med./Allergy: _____ (____) Med. Intolerance: _____ (____)

Pharmacy Name: Costco's Pharmacy #: 487-6877

Message:

RD Lorazepam 10

#150

1/R

Disposition: _____

If doctor talked with patient: _____

Received by: [Signature]
(Initials)

Handled by: John
(Pharmacist)

APD 3-11-05 2pm
(Date, Time & Initials)

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117

(770) 830-0669

DEA # BA 3167790

NAME

Chris Benoit

AGE

DATE

12/13/04

ADDRESS

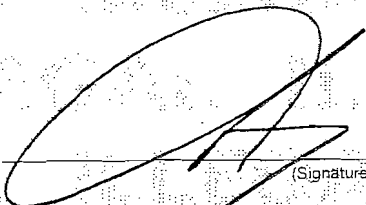
Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

Soma

#150

1 tab, 6° P.O. prn



(Signature)

Refill 3 times

☐ Label

To ensure brand name dispensing, prescriber must write
'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

4FIM1144807

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117

(770) 830-0669

DEA # BA 3167790

NAME

Chris Benoit

AGE

DATE

12/13/04

ADDRESS

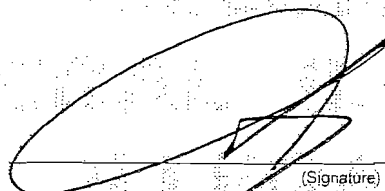
Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

Concert 10

#150

1 tab, 4° P.O. prn



(Signature)

Refill 3 times

☐ Label

To ensure brand name dispensing, prescriber must write
'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

4FIM1144807



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 12-2-04

Time: _____

To: _____

_____Urgent_____ASAP_____Today_____Tomorrow

Patient Name: Chris Benoit Phone #: () 678-372-6534

Caller: Chris Temp: _____ ()

Med./Allergy: _____ () Med. Intolerance: _____ ()

Pharmacy Name: Eckerd's Pharmacy #: 486-9776

Message:

Rx Liset

1/R

Disposition: _____

If doctor talked with patient: _____

Received by: RLM
(Initials)

Handled by: Robbie
(Pharmacist)

CC 12-2-04 @ 2:44
(Date, Time & Initials)



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 11-24-04

Time: _____

To: _____

Urgent ASAP Today Tomorrow

Patient Name: Chris Benoit Phone #: () 487-1499

Caller: Chris Temp: ()

Med./Allergy: _____ () Med. Intolerance: _____ ()

Pharmacy Name: Puller Pharmacy #: 486-2026

Message: two wks early

R/D Lorazepam - 1/2

Extended's spoke c Mary Ellen
for two wks early
R/D Soma - 1/2

Disposition: 487-6877

If doctor talked with patient:

Received by: KMA
(Initials)

Handled by:

spoke c Greg @ Puller
spoke c John @ Extended
KMA 11/24/04 @
(Date, Time & Initials)



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 10-12-04

Time: _____

To: _____

☒ Urgent ☐ ASAP ☒ Today ☐ Tomorrow

Patient Name: Chris Benoit Phone #: () 267-487-1499

Caller: Chris Temp: _____ ()

Med./Allergy: _____ () Med. Intolerance: _____ ()

Pharmacy Name: Eckerd's Pharmacy #: 487-6877

Message:

Rx Lorcet 10mg #150
1g 6pm
1 R

Disposition: _____

If doctor talked with patient: _____

Received by: _____

(Initials)

Handled by: _____

(Pharmacist)

(Date, Time & Initials)



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 8-2-04

Time: _____

To: _____

Urgent ASAP Today Tomorrow

Patient Name: Chris Benoit Phone #: () 678-372-6554

Caller: Chris Temp: ()

Med./Allergy: _____ () Med. Intolerance: _____ ()

Pharmacy Name: CVS Pharmacy #: 486-1639

Message:

Rx Vicoden

Vicoden
100

1 R

Disposition:

#120
40
pm

If doctor talked with patient:

Received by:

[Signature]
(Initials)

Handled by:

Don

(Pharmacist)

01 9-2-04 @ 10:22

(Date, Time & Initials)

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117

(770) 830-0669

DEA # BA 3167790

NAME

Chris Benoit

AGE

ADDRESS

DATE

6/16/09

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

50 mt
#120
i tabs, 6° po. prn

Refill

4 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write
'Brand Necessary' or 'Brand Medically Necessary' on the prescription.
3LIM1144807

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117

(770) 830-0669

DEA # BA 3167790

NAME

Chris Benoit

AGE

ADDRESS

DATE

6/16/09

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

Valium 10mg
#120
i tabs, 6° po. prn

Refill

4 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write
'Brand Necessary' or 'Brand Medically Necessary' on the prescription.
3LIM1144807

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117

(770) 830-0669

DEA # BA 3167790

NAME

Chris Benoit

AGE

ADDRESS

DATE

6/16/09

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

Bontril 35mg
#60
BID

Refill

2 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write
'Brand Necessary' or 'Brand Medically Necessary' on the prescription.
3LIM1144807

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117

(770) 830-0669

DEA # BA 3167790

NAME

Chris Benoit

AGE

ADDRESS

DATE

6/16/09

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

Concert 10mg
#150
i tabs, 6° po. prn

Refill

4 times

☐ Label

(Signature)

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117

(770) 830-0669

DEA # BA 3157790

NAME

Chris Benoit

AGE

ADDRESS

DATE

6/16/04

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

Amoxicillin 10 mg

30

1 tab HS. PO

Refill *4* times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write
'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

3LIM1144807

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117

(770) 830-0669

DEA # BA 3157790

NAME

Chris Benoit

AGE

ADDRESS

DATE

6/16/04

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

2-pk

1 pk

as directed

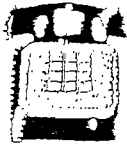
Refill *3* times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write
'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

3LIM1144807



PHILIP C. ASTIN III, M.D. P.C.

TELEPHONIC MESSAGE

Date: 4-29-04

Time: _____

To: _____

Urgent ASAP ☒ Today Tomorrow

Patient Name: Chris Benoit Phone #: () _____

Caller: _____ Temp: () _____

Med / Allergy: _____ () Med Intolerance: () _____

Pharmacy Name: Publix Pharmacy #: 486-2026

Message:

R2 Bontril

OK per Dr. Astin just this one X

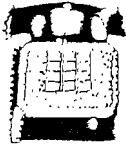
Disposition: _____

If doctor talked with patient: _____

Received by: KAMA
(Initials)

Handled by: _____

Bret
KAMA 4/29/04
(Date, Time & Initials)



PHIL C. ASTIN III, M.D., P.C.

TELEPHONE MESSAGE

Date: 4-29-04

Time: _____

To: _____

☐ Urgent ☐ ASAP ☒ Today ☐ Tomorrow

Patient Name: Chris Benoit Phone # () _____

Caller: Chris Temp: () _____

Med./Allergy: _____ () Med Intolerance: _____ ()

Pharmacy Name: Cokeck's Pharmacy #: 487-6877

Message:

Rx Valium 10mg

~~Betta~~

Loraz 10mg

Amibien 10mg

Disposition: OK per Dr Astin & V

Viagra 100mg #10 + one hour

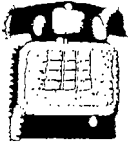
before activity c
6mg/s

If doctor talked with patient: _____

Received by: KMA
(Initials)

Handled by: Cecilia
(Pharmacist)

KMA 4/29/04
(Date, Time & Initials)



PHIL C. ASTIN III, M.D. F.C.

TELEPHONE MESSAGE

Date: 3-23-04

Time: _____

To: _____

_____Urgent_____ ASAP _____ Today _____ Tomorrow

Patient Name: Chris Beniet Phone #: () _____

Caller: _____ Temp: _____ ()

Med./Allergy: _____ () Med. Intolerance: _____ ()

Pharmacy Name: Pullman Pharmacy #: 770 486-2026

Message:

Locet

would like just #30 left
The others in Detroit @ Hospital

Disposition:

Locet 10
#30
46°
1/1/1

If doctor talked with patient

Received by: [Signature]
(Initials)

Handled by: Greg (Pharmacist)

CC 3-23-04 @ 10:58
(Date, Time & Initials)

PHIL C. ASTIN, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117

(770) 830-0669

DEA # BA 316790

NAME

AGE

ADDRESS

DATE

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

Valium 10 mg
#120
1/2 - 1 tab q 6⁰ PM

Refill 3 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write
'Brand Necessary' or 'Brand Medically Necessary' on the prescription.
3LIM1144807

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117

(770) 830-0669

DEA # BA 316790

NAME

AGE

ADDRESS

DATE

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

Bontril 35 mg
#30
1 tab q AM

Refill 2 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write
'Brand Necessary' or 'Brand Medically Necessary' on the prescription.
3LIM1144807

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117

(770) 830-0669

DEA # BA 316790

NAME

AGE

ADDRESS

DATE

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

Concord 10 mg
#150
1/2 tab q 4-6⁰ PM

Refill 3 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write
'Brand Necessary' or 'Brand Medically Necessary' on the prescription.
3LIM1144807

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117

(770) 830-0669

DEA # BA 316790

NAME

AGE

ADDRESS

DATE

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

Ambein 10 mg
#30
1/2 tab q HS PM

Refill 3 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write
'Brand Necessary' or 'Brand Medically Necessary' on the prescription.
3LIM1144807



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 11-24-03

Time: _____

To: _____

_____Urgent_____ASAP_____☒ Today_____Tomorrow

Patient Name: Chris Benoit Phone #: (____) _____

Caller: Chris Temp: _____ (____)

Med./Allergy: _____ (____) Med. Intolerance: _____ (____)

Pharmacy Name: Wal Mart Pharmacy #: 208-321-9080

Message: Rx for Soma #100 1 g 6⁰ prn
1 R

Disposition: _____

If doctor talked with patient: _____

Received by: KMA
(Initials)

Handled by: Robert
(Pharmacist)

CC 11-24-03 @ 1:56
(Date, Time & Initials)



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 9-22-03

Time: _____

To: _____

_____Urgent_____ ASAP _____ Today _____ Tomorrow

Patient Name: Chris Bendit Phone #: (610) 372-6554

Caller: Chris Temp: _____ ()

Med./Allergy: _____ () Med. Intolerance: _____ ()

Pharmacy Name: CVS Pharmacy #: (610) 868-5122

Message:

Rf- Ambien 10mg
#30 Tqhsprn

2 R

Disposition: _____

If doctor talked with patient _____

Received by: APD
(Initials)

Handled by: Lucille
(Pharmacist)

9-22-03 APD 3:00
(Date, Time & Initials)



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 6-30-03

Time: _____

To: _____

_____Urgent_____ASAP_____Today_____Tomorrow
Patient Name: Chris Beniet Phone #: (____) _____

Caller: Chris Temp: _____ (____)

Med./Allergy: _____ (____) Med. Intolerance: _____ (____)

Pharmacy Name: Eckerd's Pharmacy #: 315-452-1110

Message:

Rx Ambien 10mg

West Coast

brewerton

North Syracuse NY

#30

13212
T 1mg HS pm

Mailed out on 7/2/03

If doctor talked with patient: _____

Received by: KCMA
(Initials)

Handled by: David
(Pharmacist)

CC 6-30-03 @ 4:14
(Date, Time & Initials)

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117

(770) 830-0669

DEA # BA 3167790

NAME

Chris Benoit

AGE

ADDRESS

DATE

6/30/06

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

Amber 10mg

30

1 tab q HS PRN

Refill 0 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write
'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

3EIM1144807

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117

(770) 830-0669

DEA # BA317790

NAME

Chris Benoit

AGE

ADDRESS

DATE

4/24/03

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

PT USS - M.S

sg

1 - 11 tpf 40 mg per

cough

Refill 3 times

☐ Label

(Signature)

To ensure brand name dispensing, prescriber must write
"Brand Necessary" or "Brand Medically Necessary" on the prescription.

2LIM1144807



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 4-11-03

Time: 10:19

To: _____

_____Urgent_____ASAP_____☒Today_____Tomorrow

Patient Name: Chris Benoit Phone #: ()

Caller: Chris Temp: ()

Med./Allergy: () Med. Intolerance: ()

Pharmacy Name: Lycera Pharmacy #: 502-458-9511

Message:

Rx Lorazepam 10mg #150 7 q 4-6pm

1 R

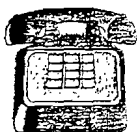
Disposition: _____

If doctor talked with patient: _____

Received by: Kyma
(Initials)

Handled by: Mary
(Pharmacist)

Kyma 4/11/03 @ 12:08
(Date, Time & Initials)



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 3-24-03

Time: 2:28

To: _____

_____Urgent_____ASAP_____☒Today_____Tomorrow

Patient Name: Chris Benoit Phone #: (331) 4285

Caller: Chris Temp: _____ ()

Med./Allergy: _____ () Med. Intolerance: _____ ()

Pharmacy Name: Pharmacy Pharmacy #: 486-2026

Message: _____

Rx Valium 10 mg

1 R

Disposition: _____

If doctor talked with patient: _____

Received by: KMA (Initials) Handled by: Left message (Pharmacist)

3/24/03 3³⁰ pm
(Date, Time & Initials)

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117

(770) 830-0669

DEA # BA 3167790

NAME

Chris Benoit

AGE

ADDRESS

DATE

9/19/02

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

Lorazepam 10mg

#150

4-6⁰⁰ PM
per

Refill X3 times

☒ Label

(Signature)

To ensure brand name dispensing, prescriber must write
'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

2GIM1144807

PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON, GA 30117

(770) 830-0669

DEA # BA 3167790

NAME

Chris Benoit

AGE

ADDRESS

DATE

9/19/02

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

Valium 10mg

#120

1/2 - 1¹/₂ 6⁰⁰ - 8⁰⁰ PM

Refill X3 times

☒ Label

(Signature)

To ensure brand name dispensing, prescriber must write
'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

2GIM1144807



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 9-9-02

Time: 3:40

To: _____

☐ Urgent

☐ ASAP

☒ Today

☐ Tomorrow

Patient Name: Chris Benoit Phone #: () _____

Caller: Chris Temp: () _____

Med./Allergy: () Med. Intolerance: () _____

Pharmacy Name: Publix Pharmacy #: 770480-5036

Message:

Rx Roacet Plus

1 R

Disposition: _____

If doctor talked with patient: _____

Received by: Kyma
(Initials)

Handled by: Craig
(Pharmacist)

Kyma 9-9-02 @ 6:14
(Date, Time & Initials)



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 7-8-02

Time: 4:15

To: _____

_____Urgent_____ASAP_____☒Today_____Tomorrow

Patient Name: Chris Beniot Phone #: (____) _____

Caller: Nancy Temp: (____) _____

Med./Allergy: _____ (____) Med. Intolerance: _____ (____)

Pharmacy Name: Publix Pharmacy #: 770 486-2026

Message: RD Race 10

2R

Disposition: _____

If doctor talked with patient: _____

Received by: KMA
(Initials)

Handled by: _____

Greg
(Pharmacist)
KMA 7-9-02 @ 11:43
(Date, Time & Initials)



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 5-20-02

Time: 3:43

To: _____

_____Urgent_____ASAP_____☒Today_____Tomorrow

Patient Name: Chris Berait Phone #: () 486-1429

Caller: Chris Temp: _____ ()

Med./Allergy: _____ () Med. Intolerance: _____ ()

Pharmacy Name: Pharmacy Pharmacy #: 486-2026

Message:

Rx Valium 10 mg

120
186.8

212

Disposition: _____

If doctor talked with patient: _____

Received by: [Signature]
(Initials)

Handled by: left message
(Pharmacist)

5:35 APD 5/20/02
(Date, Time & Initials)



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 4-8-02

Time: 1:48

To: _____

_____Urgent_____ASAP_____☒Today_____Tomorrow

Patient Name: Chris Benoit Phone #: () _____

Caller: Chris Temp: _____ () _____

Med./Allergy: _____ () Med. Intolerance: _____ ()

Pharmacy Name: Kroger in Ohio Pharmacy #: 1-513-771-2970

Message:

left medications @ home now in
Ohio for training. Could you please
call in Chris's Lorazepam & Soma

Concert 10
#120
i tab 6° po prn / IR

Disposition: _____

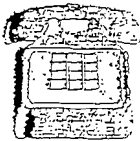
If doctor talked with patient: _____

Received by: JMA
(Initials)

Handled by: _____

(Pharmacist)

JMA 4-8-02 @ 2:24
(Date, Time & Initials)



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 12-14-01

Time: 1:26

To: _____

_____Urgent_____ASAP_____☒Today_____Tomorrow

Patient Name: Chris Berett Phone #: () 486-1499

Caller: Nancy Berett Temp: ()

Med/Allergy: _____ () Med Intolerance: _____ ()

Pharmacy Name: Phillip Pharmacy #: 770-486-2026

Message:

R3 Loret 10

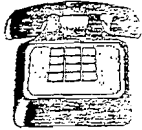
VR

Disposition: _____

If doctor talked with patient: _____

Received by: KMA (Initials) Handled by: Tom (Pharmacist)

C.C. 12-14-01 @ 3:11
(Date, Time & Initials)



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 9-20-01

Time: 2:56

To: _____

_____Urgent_____ASAP_____☒Today_____Tomorrow
Patient Name: Chris Benoit Phone #: () 486-1499
Caller: Chris Temp: _____ ()

Med./Allergy: _____ () Med. Intolerance: _____ ()

Pharmacy Name: Publix Pharmacy #: 770-486-2056

Message:

R2 Lact 10

VB

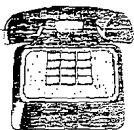
Disposition: _____

If doctor talked with patient: _____

Received by: KMA
(Initials)

Handled by: left message
(Pharmacist)

9/20/01 7:40 EL
(Date, Time & Initials)



PHIL C. ASTIN III, M.D. P.C.

TELEPHONE MESSAGE

Date: 7-24-01

Time: 9:40

To: _____

 Urgent

 ASAP

☒ Today

 Tomorrow

Patient Name: Chris Benoit Phone #: () 486-1499

Caller: Chris Temp: _____ ()

Med./Allergy: _____ () Med. Intolerance: _____ ()

Pharmacy Name: Publix Pharmacy #: 770-486-2026

Message:

R2 Soma

2P

Disposition: _____

If doctor talked with patient: _____

Received by: KMA
(Initials)

Handled by: Mina
(Pharmacist)

KMA 7/24/01 6:20
(Date, Time & Initials)

PHIL C. ASTIN III, M.D.

Telephone Message

Date 6/4/01 Time 9:33

To: _____

____ Urgent ____ ASAP ☒ Today ____ Tomorrow

Patient Name Chin Benoit Phone # _____

Caller Nancy Temp 770-486-1499 ()

Med Allergy () Med Intolerance ()

Pharmacy Name Publix Pharmacy # 770 486-2026

Message: RA Recet to

OK
2/2

Disposition _____

If doctor talked with patient _____

Recv'd by KAMA Handled by KAMA 6/4/01 @ 10:12
Spore & Andy

PHIL C. ASTIN III, M.D.

Telephone Message

Date 12/29/00 Time 1:57

To: _____

____ Urgent ____ ASAP ☒ Today ____ Tomorrow

Patient Name Chris Benoit Phone # (770) 486-0577

Caller Nancy Temp _____ ()

Med Allergy _____ () Med Intolerance _____ ()

Pharmacy Name Publix Peachtree Pharmacy # 486-2026

Message: Rx Lorazepam

Same

OK 2.R

Disposition _____

If doctor talked with patient _____

Rec'd by Kema

Handled by Spencer Gervais
KMA 12/29/00@3:50

PHIL C. ASTIN III, M.D.

Telephone Message

Date 11/28/00 Time 11:23

To: _____

☐ Urgent ☐ ASAP ☒ Today ☐ Tomorrow

Patient Name Chris Benoit Phone # _____

Caller Nancy Sullivan Temp 770-486-0577

Med Allergy _____ () Med Intolerance _____ ()

Pharmacy Name Publix Pharmacy # (770) 486-2026

Message: Rx Lorazepam 10
Soma 1 pc

Disposition _____

If doctor talked with patient _____

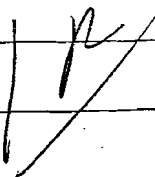
Recv'd by KAMA Handled by KAMA 11/28/00 @ 6:08
Spoke to Family

PROGRESS NOTES

PATIENT NAME Chris Benoit

DATE OF BIRTH _____

CHART _____

DATE	SERVICE	NOTES
		<u>telephone Note</u>
		Date: 6/29/2000 Time: 2:39 Problem: Rf Incest 10 #120
		Caller: Sam @ Kroger Reachtree City Telephone Number: (770)-486-0577
		Drug Store: Kroger Reachtree City (770) 487-3749
		Repty: 
		call back: Deedee Name/time: KMA 6/30/00 @ 8:45